

Technical Assistance Application Energy Partnership Program California Energy Commission

1. Applicant Information

Applicant*:		County:	
Mailing Address:	City:	Zip:	
Street Address:	City:	Zip:	
Contact Person:	Title:	Department:	
Phone Number:	Email:		

* Name of local government, college, public care facility or special district.

2. Project Description

Type of assistance needed:

- ☐ Energy audit – evaluate energy efficiency opportunities at existing facilities
- ☐ Evaluate opportunities for proposed energy project
- ☐ New construction – evaluation of new facility
- ☐ Other

Discuss your proposed project(s) and why you require technical assistance:

Describe how you plan to implement the recommendations that may be identified:

Funding source:

Do you have any current contracts or working relationships with consultants, energy services companies, utilities, architects, or others that pertain to this request for Technical Assistance? If yes, please describe:

Expected project start date:

Expected project completion date:

Indicate your economic criteria for selecting projects to be installed:
(Check all that apply)

- ☐ Projects must have a payback period \leq _____ years.
- ☐ Projects must have an internal rate of return \geq _____ %
- ☐ Other _____

3. Project Team

Title	Name	Phone No	E-Mail
Project Manager			
Business Manager or Finance Officer			
Electric and Gas Utility Representative			
Consultant/Contractor (if known)			

4. Provide the following information. If you are requesting assistance for more than one facility, please prioritize from highest to lowest. Attach additional pages if needed.

Facility Name and Address	Year Built (excluding portables)	Estimated Building Size (sq. ft.)

5. I have attached the following information:

- ☐ Governing Board Resolution
- ☐ Latest 12 months electric and gas bills showing the energy cost and detailed usage information for each facility listed in Item 4 (above).
- ☐ Any past energy studies for each facility
- ☐ Site map of facilities (e.g. 1As or a fire evacuation map)
- ☐ For new construction only: Schematic drawings (if available)

I certify to the best of my knowledge that the data in this application are correct and complete.

Authorized Representative*

Name: _____ Title _____

Signature: _____ Date _____

*Authorized Representative is the one designated by the governing body, in your Resolution, to execute documents in the name of the applicant.

Edmund G. Brown Jr.
Governor



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